

Application Data Sheet**Application Information**

Application Type:: Regular
 Subject Matter:: Utility
 Suggested classification::
 Suggested Tech. Center::
 CD-ROM or CD-R?:: None
 Number of CD disks::
 Number of Copies of CDs::
 Sequence Submission::
 Computer Readable Form (CRF)::
 Number of copies of CRF::
 Title Line One:: Medical Device
 Title Line Two::
 Docket Number:: COCH-0123-US1
 Request for Early Publication:: No
 Request for Non-publication:: No
 Suggested Drawing Figure::
 Total Drawing Sheets:: 6
 Small Entity:: No
 Latin name::
 Variety denomination name::
 Petition included?:: No
 Petition Type::
 Licensed US Govt. Agency ::
 Contract or Grant Numbers One::
 Contract or Grant Numbers Two::
 Secrecy Order in Parent Appl.: No

Applicant Information

Applicant One Authority Type:: Inventor
 Primary Citizenship Country:: Australia
 Status :: Full Capacity
 Given Name:: Rupert
 Middle Name::
 Family Name:: Scheiner / 00
 Name Suffix::
 City of Residence:: Davidson AUX
 State or Prov. of Residence::
 Country of Residence:: Australia
 Mailing Address Line One:: 19 Elphinstone Place
 Mailing Address Line Two::
 City of Mailing Address:: Davidson
 State or Province of Mailing Address::
 Country of Mailing Address:: Australia
 Postal or Zip Code of Mailing Address:: 2085

Correspondence Information

Correspondence Customer Number:: 22,506
Name:: Jagtiani + Guttag
Street of mailing address:: 10363-A Democracy Lane
City of mailing address:: Fairfax
State or Province mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22030
Phone Number:: 703-591-2664
Fax Number:: 703-591-5907
E-Mail Address:: iplaw@jagtiani.com

Representative Information

Representative Customer Number:: 22,506

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU03/00689	06-02-03

Foreign Application Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	PS 2742	06-03-02	Yes

Assignee Information

Assignee name::
Street of mailing address one::
Street of mailing address two::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::